

STATEMENT OF CITIZENSHIP AND / OR IDENTITY FOR SPECIAL POPULATIONS

Complete this form to allow the individual listed below to meet the Medicaid/BadgerCare/Family Planning Waiver Program proof of citizenship and identification rule only when no other proof exists or can be shown to prove citizenship or identity.

Complete the appropriate section(s) below.

Citizenship Statement

By completing this section, I attest to the citizenship of the individual named below.

Print Name – Applicant / Recipient

Date of Birth

Place of Birth (City and State)

Case or Social Security Number

By signing this statement I certify under penalty of perjury and false swearing that the information I have given is correct and complete to the best of my knowledge. I understand that I am only able to do this because I am a U.S. Citizen and I understand that the local agency may contact other persons or organizations to confirm the accuracy of my statement.

SIGNATURE

Date Signed

Print Name

Relationship to Applicant / Recipient

Identity Statement

By completing this section, I attest to the identity of the individual named below.

Print Name – Applicant / Recipient

Case or Social Security Number

By signing this statement I certify under penalty of perjury and false swearing that the information I have given is correct and complete to the best of my knowledge. I understand that the local agency may contact other persons or organizations to confirm the accuracy of my statement.

SIGNATURE

Date Signed

Print Name

Relationship to Applicant / Recipient

For agency use only

I have determined, based on my contact with the applicant/recipient that s/he meets the definition of "Special Population" as described in Operations Memo 06-42, and is unable to provide any acceptable documentation. Therefore I am accepting this signed statement attesting to the citizenship and/or identity of the applicant/recipient in order to comply with the citizenship and identity documentation requirement.

SIGNATURE - Worker

Date signed